

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 2

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 01, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.100

42 CFR 441.56

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A

#10

Replacement Page

Attachment 3.1-A, #4.b., page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A

#10

Replacement Page

Attachment 3.1-A, #4.b., page 4

10. SUBJECT OF AMENDMENT:

Dental Services Limitations Non-EPSDT Participants

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Janet Schalansky is the Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

03/28/01

16. RETURN TO:

Janet Schalansky, Secretary
Social & Rehabilitation Services
6th Floor, DSOB
915 SW Harrison
Topeka, KS 66612

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03/29/01

18. DATE APPROVED:

JUN 13 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 01 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

cc:
Schalansky
Haverkamp (Day)
CO

SPA CONTROL

Date Submitted 03/28/01

Date Received 03/29/01

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#10

Dental Services Limitations

Services for non-EPSDT participants are limited to:

Medical/dental procedures as follows:

- a) Orcantral fistula closure;
- b) unilateral radical antrotomy;
- c) biopsy of oral tissue;
- d) radical excision of lesion;
- e) excision of tumors;
- f) removal of cysts and neoplasms;
- g) partial ostectomy, guttering or saucerization;
- h) surgical incision for drainage of abscess, removal of foreign bodies, skin, subcutaneous areolar tissue, metal plates, screws or wires, sequestrectomy for osteomyelitis, and maxillary sinusotomy for removal of tooth fragment or foreign body;
- i) treatment of fractures;
- j) closed reduction of dislocation, limitation of motion and related injections;
- k) sutures;
- l) oral skin grafts;
- m) frenulectomy;
- n) excision of pericoronal gingiva;
- o) sialolithotomy;
- p) excision of salivary gland;
- q) sialodochoplasty;
- r) closure of salivary fistula;
- s) emergency tracheotomy;
- t) first 30 minutes of general anesthesia, including materials and apparatus;
- u) each additional 15 minutes of general anesthesia, including materials and apparatus;
- ~~tv) v) professional visits of consultation and hospital call; and consultation~~
(diagnostic service provided by dentist or physician other than practitioner providing treatment);
- ~~v) w) limited prior authorized medical procedures; house/extended care facility~~
call includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed;

TN # MS 01-02 Approval Date JUN 13 2001 Effective Date 4-01-01 Supersedes TN # MS 93-20

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#11

Dental Services Limitations (continued)

- w) x) hospital call may be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed;
- x) y) limited prior authorized medical procedures; and
- y) z) limited prior authorized dental procedures associated with medically necessary extractions.

JUN 13 2001

TN # MS 01-02 Approval Date Effective Date 4-01-01 Supersedes TN # MS 93-20

KANSAS MEDICAID STATE PLAN

Replacement Page
Attachment 3.1-A
#4.b., page 4

KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Clinic Services	No	Elective surgery is covered at ambulatory surgical centers. 40 hours of individual psychotherapy are covered per calendar year at CMHCs. 12 hours of case conference are covered per calendar year at CMCHs.
Dental Services	No	Participants must have KAN Be Healthy dental screening to receive dental services including cleaning, fluoride treatment, fillings, pulpotomy, extraction, x-rays, dentures, endodontia and <u>limited</u> orthodontia. Those participants requesting orthodontia must have a medical screening in addition to dental screening. Some services require prior authorization.

JUN 13 2001

TN # MS 01-02 Approval Date _____ Effective Date 4-01-01 Supersedes TN # MS 96-08

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#10

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- g) partial ostectomy, guttering or saucerization;
- h) surgical incision for drainage of abscess, removal of foreign bodies, skin, subcutaneous areolar tissue, metal plates, screws or wires, sequestrectomy for osteomyelitis, and maxillary sinusotomy for removal of tooth fragment or foreign body;
- i) treatment of fractures;
- j) closed reduction of dislocation, limitation of motion and related injections;
- k) sutures;
- l) oral skin grafts;
- m) frenulectomy;
- n) excision of pericoronal gingiva;
- o) sialolithotomy;
- p) excision of salivary gland;
- q) sialodochoplasty;
- r) closure of salivary fistula;
- s) emergency tracheotomy;
- t) first 30 minutes of general anesthesia, including materials and apparatus;
- u) each additional 15 minutes of general anesthesia, including materials and apparatus;
- v) consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment);
- w) house/extended care facility call includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed;

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KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
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- z) limited prior authorized dental procedures associated with medically necessary extractions.

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